



Willamette

EDUCATION SERVICE DISTRICT

Marion Center • 2611 Pringle Rd SE, Salem, OR 97302 • Phone 503.385.4714 • Fax 503.540.2959

Yamhill Center • 2045 SW Hwy 18, McMinnville, OR 97128 • Phone 503.385.4714 • Fax 503.540.2958

Date _____

Consent for Mutual Exchange of Information

Name: _____

Birthdate: _____

Parent/Legal Guardian/Surrogate Parent: _____

Type of Information

This agency is hereby authorized to contact the following agencies or individuals to share information which will help us to better serve you and your child. This authorization expires one year from the date signed.

Educational assessments, records, and information

Medical assessments, reports, and information

Developmental assessments and reports

Psych/Mental Health testing and reports

Other (specify):

Name

Name	Educational assessments, records, and information	Medical assessments, reports, and information	Developmental assessments and reports	Psych/Mental Health testing and reports	Other (specify):
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Addresses if parent agrees to receive educational documents and other information electronically:

Email description and address (for example: Mom's work, janedoe@oregonstar.com)

Text messaging description and phone (for example: Dad, 555-555-5555)

Consent expires one year after the date of the parent's signature. The parent has the right to revoke consent in writing anytime.

parent, guardian or surrogate parent signature

date

parent, guardian or surrogate parent signature

date

I have received the brochure on parental rights.	
_____ parent, guardian or surrogate parent signature	_____ date